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University College London Hospitals WES

S NH6 Foundation Trust

16th December 2004

DL/lr/04084483

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Dear Ms Henry

DOB: 01.14.1945 RE: MEDICAL REPORT FOR MR KEVIN P. LOUGHMAN

- 1. While on a business trip to London, Kevin P. Loughman presented himself at the University College London Hospital with shortness of breath.
- 2. Cardio-pulmonary assessment revealed pneumonia, severe stenosis of the aortic valve and a compromised coronary artery.
- 3. Mr Loughman was transferred to The Heart Hospital on November 26th 2004. His pneumonia was treated with antibiotics and he received a dental examination. In preparation for his aortic valve replacement and coronary artery bypass surgery, several teeth were prophylactically extracted.
- 4. Following upon implantation of a mechanical aortic valve and a coronary artery bypass graft, Mr Loughman is making a rapid recovery and is anxious for repatriation back to Boston, USA.
- 5. Prior to travel, Mr Loughman should exhibit 4-5 days of sustained ability to breath without oxygen assistance; he should be able to negotiate 1-2 flights of stairs; and he should be able to walk 1-2 miles per day without breathlessness.
- 6. Since Mr Loughman has received a mechanical valve replacement, it will also be necessary for his Warfarin levels to be carefully established and sustained.
- 7. Assuming continuing progress and no major complications, Mr Loughman should be able to travel by ordinary commercial aircraft (with oxygen assistance at 4 litres/hour) by December 23rd 2004 - or sooner, given the availability of evacuation by air ambulance.
- 8. For the present, Mr Loughman requires assistance with washing, dressing, prescription administration, anti-embolism stockings, wound care and mobility. He is being assisted here in London by his sister, Patricia Hood who is a licensed nurse in the State of Massachusetts.



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- 9. Unless evacuated by air ambulance, Mr Loughman should travel via Executive or Business Class with plenty of leg room, close proximity to rest rooms, and the ability to stretch and ambulate. He will require oxygen at 4 litres/hour and will need wheelchair assistance on departure from London and upon arrival in Boston. He will also require anti-embolism stockings during the flight.
- 10. Due to the severity of his surgical rehabilitation, Mr Loughman will require 6-12 weeks of post-op recuperation before resuming his full occupational duties. Occupational impairment is not expected, however physical and emotional stress should be avoided.
- 11. Upon discharge from The Heart Hospital, Mr Loughman will be given 2-4 weeks supply of all medications and his condition will be monitored and assessed as an outpatient while he is resident at a hotel or self-catering apartment.
- 12. Upon his return to the United States, Mr Loughman should receive a thorough cardio-pulmonary assessment; his Warfarin levels should be carefully monitored until range parameters are safely established; and finally, he should have a dental assessment with a view to the prevention of infections.
- 13. Mr Loughman will bring with him the records of his treatment here in London. He should be contacted at The Heart Hospital, room 409, to discuss travel arrangements back to Boston.

If I can be of any further assistance in the post-operative stage of Mr Loughman's recovery, please do not hesitate to contact me via phone/fax/email (details above).

Yours sincerely

Lawrence

Consultant Cardiothoracic Surgeon

Cc:

John Brusch

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